

9759 HARKERS CT

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Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

ID 44536

HCA

100.00 CC Payment

7/11/03 Jeremy

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 File #20189

PERSON FILING APPLICATION:

NAME: Hilton (last) Katie (first) R (mi)

ADDRESS: 9759 Harkers Ct. PHONE: (704) 363-1173

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 7-11-03

PROPERTY OWNER: (Katie Hilton)

NAME: Elkins (last) Kathy (first) R (mi)

ADDRESS: 9759 Harkers PHONE: (704) 363-1173

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-301-40

STREET ADDRESS:

ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [X] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Building

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Katie Helton Date: 7-11-03

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... O.K. to use existing system for the addition of a storage building.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Tommy Mott R.S. 7/14/03
Environmentalist Date

WATER : 122791

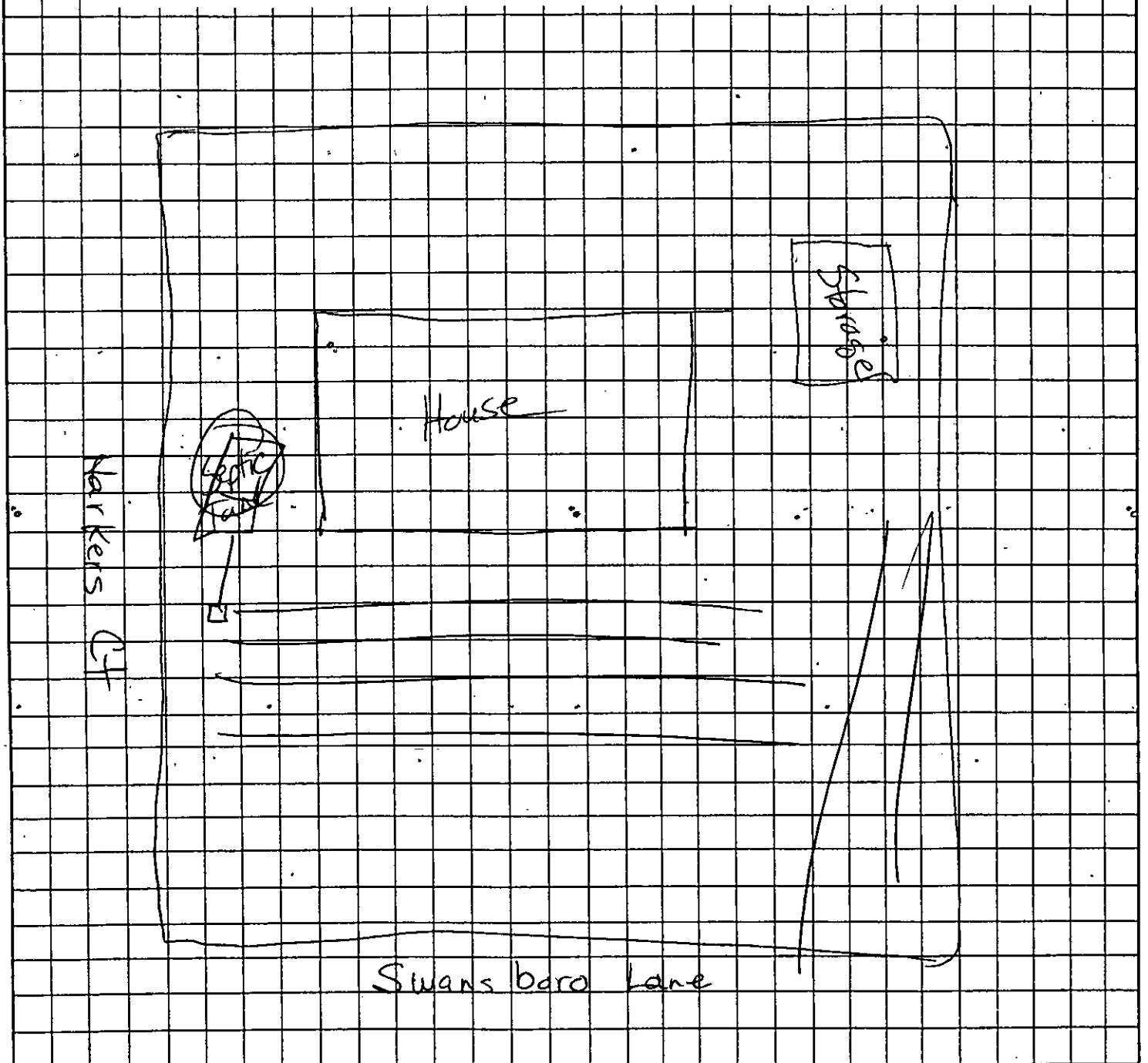
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20189

TC: 017-301-40

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Katie Hilton
OWNER/AGENT SIGNATURE

DATE 7-1-03

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Date Issued 5-22-85

Serial No. 08156

ICAR(S) Permit No. 20189

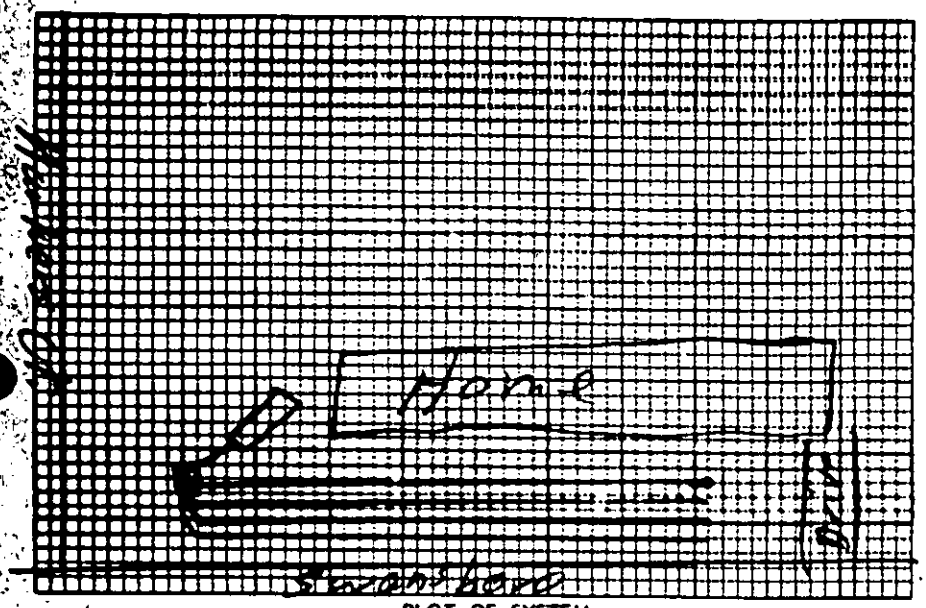
T. C. No. 017-301-40

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 20184, dated 5-2-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 6-22-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVa

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Danco properties Inc

LOCATION OF PROPERTY 9759 Hackers Ct.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Four Trenches 100' X 3' X 12" Stone

Comments: ____

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BID-5-76

Environmental Health Department's Copy

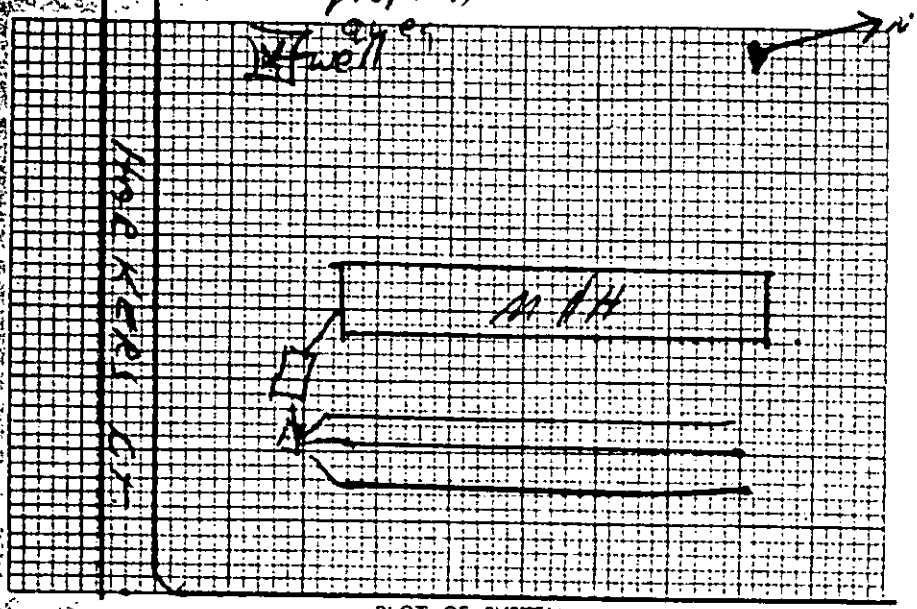
Date Issued FEB 6 1984 Serial No. 6944 ICAR(S) Permit No. 20189

T. C. No. 017-236

Map Date 30'-40

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 20189 dated 12-16-83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before MARCH 21ST 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS Ltr

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 300 Lin FT

Number of Lines Three

Distance from House 10 FT

Distance from Property Line 10 FT Keep 750 FT Away

Distance from Well NOT IN USE

SWANS BORO LANE

NAME OF OWNER DONCO PROPERTIES

LOCATION OF PROPERTY 9759 HARKERS COURT LOT #21

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: Three Trenches To be 110FT X 3FT X 12 inches Stone-bayou Stone Cover-grade Boards-plumb 4in line wit 6in Ecx

B Hardister
Division or Section Head

Ralph Mills
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY